

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

30

Application Number	10/580,035-Conf. #8924
Filing Date	May 19, 2006
First Named Inventor	Remi Meyrueix
Art Unit	1647
Examiner Name	C. M. Woodward
Attorney Docket Number	022290.0158PTUS

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Supplemental Amendment/Reply
<input checked="" type="checkbox"/> Non-Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under
37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication
to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please
Identify below): |
|---|--|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PATTON BOGGS LLP		
Signature	/Lacy L. Kolo/		
Printed name	Lacy L. Kolo		
Date	May 19, 2009	Reg. No.	55,340